



ROSS MILLER  
Secretary of State  
206 North Carson Street  
Carson City, Nevada 89701-4299  
(775) 684 5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)

## Articles of Organization Limited-Liability Company

(PURSUANT TO NRS CHAPTER 86)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

<b>1. Name of Limited-Liability Company:</b> (must contain approved limited-liability company wording; see instructions)	<div></div> <div>Check box if a Series Limited-Liability Company <input type="checkbox"/></div>
<b>2. Registered Agent for Service of Process:</b> (check only one box)	<div><input type="checkbox"/> Commercial Registered Agent: <div></div><div>Name</div></div> <div><input type="checkbox"/> Noncommercial Registered Agent (name and address below) <b>OR</b> <input type="checkbox"/> Office or Position with Entity (name and address below)</div> <div><div></div><div>Name of Noncommercial Registered Agent <b>OR</b> Name of Title of Office or Other Position with Entity</div><div><div></div><div></div><div>Nevada</div><div></div></div><div>Street Address City Zip Code</div><div><div></div><div></div><div>Nevada</div><div></div></div><div>Mailing Address (if different from street address) City Zip Code</div></div>
<b>3. Dissolution Date:</b> (optional)	Latest date upon which the company is to dissolve (if existence is not perpetual): <div></div>
<b>4. Management:</b> (required)	Company shall be managed by: <input type="checkbox"/> Manager(s) <b>OR</b> <input type="checkbox"/> Member(s) (check only one box)
<b>5. Name and Address of each Manager or Managing Member:</b> (attach additional page if more than 3)	<div>1) <div></div><div>Name</div><div><div></div><div></div><div></div><div></div></div><div>Street Address City State Zip Code</div></div> <div>2) <div></div><div>Name</div><div><div></div><div></div><div></div><div></div></div><div>Street Address City State Zip Code</div></div> <div>3) <div></div><div>Name</div><div><div></div><div></div><div></div><div></div></div><div>Street Address City State Zip Code</div></div>
<b>6. Name, Address and Signature of Organizer:</b> (attach additional page if more than 1 organizer)	<div><div></div><div>Name</div><div><b>X</b></div><div>Organizer Signature</div><div><div></div><div></div><div></div><div></div></div><div>Address City State Zip Code</div></div>
<b>7. Certificate of Acceptance of Appointment of Registered Agent:</b>	<div>I hereby accept appointment as Registered Agent for the above named Entity.</div> <div><b>X</b></div> <div><div></div><div>Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity</div><div><div></div><div>Date</div></div></div>